

**RECEIVED**  
**CENTRAL FAX CENTER**

AUG 30 2005

**FAX TRANSMISSION****DATE:** August 30, 2005**PTO IDENTIFIER:** Application Number 10/603,784-Conf. #3967  
Patent Number**Inventor:** Anthony T. Walsh**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP  
Stephen A. Soffen**PHONE:** (202) 828-4879**Attorney Dkt. #:** M0025.0291/P291**PAGES (Including Cover Sheet):** 27**CONTENTS:**

Certificate of Transmission (1 page)  
Fee Transmittal (1 page)  
Credit card form (1 page)  
Petition Extension of Time (1 page)  
Amendment Transmittal (1 page)  
Amendment (21 pages)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (202) 828-4879 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

**DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP**  
2101 L Street NW, Washington, DC 20037-1526  
Telephone: (202) 785-9700 Facsimile: (202) 887-0689

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 10/803,784

Attorney Docket No.: M0025.0291/P291

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on August 30, 2005  
Date

  
\_\_\_\_\_  
SignatureStephen A. Soffen

Typed or printed name of person signing Certificate

31,063  
Registration Number, if applicable(202) 828-4879  
Telephone Number

**Note:** Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Fee Transmittal  
Credit Card Payment Form (\$800)  
Petition for Extension of Time (2 months)  
Amendment Transmittal  
Amendment (21 pages)

DSMDB.1974871.1

PAGE 2/27 \* RCVD AT 8/30/2005 7:00:53 PM [Eastern Daylight Time] \* SVR:USPTO-EFXXRF-6/31 \* DNIS:2738300 \* CSID:202 887 0689 \* DURATION (mm-ss):09-10

**BEST AVAILABLE COPY**

PTO/SB/17 (12-04v2)

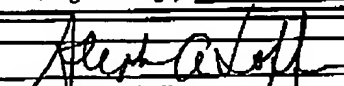
Approved for use through 7/31/2008. OMB 0851-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 10/603,784-Conf. #3967 Filing Date June 26, 2003 First Named Inventor Anthony T. Walsh Examiner Name F. L. Lagman Art Unit 3673 Attorney Docket No. M0025.0291/P291	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 800.00			

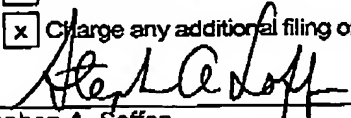
<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity
							Fee (\$)
							Fee (\$)
<b>2. EXCESS CLAIM FEES</b>							
Fee Description							
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims Extra Claims Fee (\$)							Fee Paid (\$)
61 - 54 = 7 x 60.00 =							350.00
Indep. Claims Extra Claims Fee (\$)							Fee Paid (\$)
9 - 10 = x =							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)							Fee Paid (\$)
. 100 = /50 (round up to a whole number) x =							
							Fees Paid (\$)
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1252 Extension for response within second month							450.00
<b>SUBMITTED BY</b>							
Signature 		Registration No. (Attorney/Agent) 31,063		Telephone (202) 828-4879			
Name (Print/Type) Stephen A. Soffen				Date August 30, 2005			

DSMDB.1974572.1

PAGE 3/27 \* RCVD AT 8/30/2005 7:00:53 PM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-6/31 \* DNIS:2738300 \* CSID:202 887 0689 \* DURATION (mm:ss):09:10

BEST AVAILABLE COPY

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. M0025.0291/P291	
Application No. 10/603,784-Conf. #3967		Filing Date June 26, 2003		Examiner F. L. Lagman	
				Art Unit 3673	
Applicant(s): Anthony T. Walsh					
Invention: GEOGRID OR MESH STRUCTURE					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	61	- 54 =	7	x 50.00	350.00
Independent Claims	9	- 9 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Two-Month Extension of Time					450.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>800.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1073</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Stephen A. Soffen Attorney Reg. No.: 31.063				Dated: <u>August 30, 2005</u>	
DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP 2101 L Street NW Washington, DC 20037-1526 (202) 828-4879					

DSMDB.1974567.1

PAGE 6/27 \* RCVD AT 8/30/2005 7:00:53 PM [Eastern Daylight Time] \* SVR:USPTO-EFAX-6/31 \* DNIS:2738300 \* CSID:202 887 0689 \* DURATION (mm:ss):09-10

BEST AVAILABLE COPY